

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE
							APPLICANT(S)	
CLAIMS								
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.		
1	1						51	
2	1						52	
3		①					53	
4		1					54	
5		1					55	
6	1						56	
7	1						57	
8		①					58	
9		1					59	
10		1					60	
11	1						61	
12		1					62	
13		①					63	
14		1					64	
15		1					65	
16		1					66	
17		1					67	
18		①					68	
19	1						69	
20		1					70	
21	1						71	
22		1					72	
23		1					73	
24	1						74	
25		1					75	
26	1						76	
27	1						77	
28	1						78	
29							79	
30							80	
31							81	
32							82	
33							83	
34							84	
35							85	
36							86	
37							87	
38							88	
39							89	
40							90	
41							91	
42							92	
43							93	
44							94	
45							95	
46							96	
47							97	
48							98	
49							99	
50							100	
TOTAL IND.	11						TOTAL IND.	
TOTAL DEP.	17						TOTAL DEP.	
TOTAL CLAIMS	28						TOTAL CLAIMS	